## PART B - FEE(S) TRANSMITTAL

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02/19/2004

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Deborah/ An Mier (Depositor's name) (Signature) (Date) February 2004

FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE 40655.0100 6906 Mary Ann Fitzmaurice 09/764,688 01/16/2001

TITLE OF INVENTION: MULTIPLE-SERVICE CARD SYSTEM

APPLN, TYPE	SMALL ENTITY	ISSUE FEE	EE PUBLICATION FEE		TOTAL FE	TOTAL FEE(S) DUE		DATE DUE		
nonprovisional	NO	\$1330	\$30	0	\$1630		05/19/2004			
EXAMINER		ART UNIT	CLASS-SUI	CLASS-SUBCLASS 235-380000						
KIM, AHSHIK		2876	235-380							
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			1 Snell	& Wilmer	L.L.P		
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.						3				

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

AMERICAN EXPRESS TRAVEL

NEW YORK, NEW YORK

RELATED SERVICES COMPANY, INC.

Please check the appropriate assignee category or categories (w	ill not be printed on the patent);	individual	XX corporation or	other private group	entity	O government			
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):	13							
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